PATENT APPLICATION FEE DETERMINATION RECOI								Application or Docket Number				
												ر '
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	ENTITY	OR	OTHER SMALL	
TOTAL CLAIMS			21					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FI	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			21 minus 20=		. 1			X\$ 9=		OR	X\$18=	18.00
INDEPENDENT CLAIMS			2 minus 3 =		*		Ì	X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		1	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in colum			olumn 2	L	TOTAL		OR	TOTAL	728:00
CLAIMS AS AMENDED - PART II								IOIAL	· L	OR	OTHER	
	Ci	(Column 1)	MIENDED	(Column 2)				SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		┇┋	. 105			+270=	
								+135= TOT/		OR	TOTAL	
								ADDIT. FE		OR	ADDIT. FEE	L
	\$24. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$	(Column 1) CLAIMS			imn 2) HEST	(Column 3)	1 г		ADDI-	7		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER HOUSLY D FOR	PRESENT EXTRA		RATE			RATE	TIONAL
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T.O. A.T.	<u> </u>	1	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	OLTIPLE DEF	LUDEN	I CLAIM		」	+135=		OR	+270=	
							· .	TOT/ ADDIT. FE	AL E	OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)					,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
ME	independent	*	Minus	***		=	1	X40=	1		Y00	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∤		 	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nber Previously Pa	aid For" (Total o	r Indepen	dent) is th	e highest numb	er fou	and in the	appropriate b	ox in c	olumn 1.	